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0257

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	Application Number	09/904,974
TRANSMITTAL FORM be used for all correspondence after initial filing)	Filing Date	07/12/2001
	First Named Inventor	Mark C. Moore
	Art Unit	3671
	Examiner Name	Gary S. Hartmann

Attorney Docket Number

Total	al Number of Pages in	This Submission	B		02	<i>3 1</i>		
	ENCLOSURES (Check all that apply)							
	Fee Transmittal For X Fee Attach Amendment/Reply After Final X Affidavits/d Extension of Time Express Abandonr Information Discloss	declaration(s) Request		Drawing(s) 2 pgs. Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s)	ation	A do	o Group ppeal Cor Appeals ppeal Cor Appeal Not roprietary tatus Lett	osure(s) (please
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-03)
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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)**55.00

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Complete if Known							
Application Number	09/904,974						
Filing Date	07/12/2001						
First Named Inventor	Mark C. Moore						
Examiner Name	Gary S. Hartmann						
Art Unit	3671						
Attorney Docket No.	0257						

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
X Check Credit card Money Other None	a 3. ADDITIONAL FEES					
Deposit Account:	Large Entity , Small Entity					
Deposit Deposit	Fee Fee Fee Fee Fee Description Fee Page 18	ald.				
Account	Code (\$) Code (\$) 1051 130 2051 65 Surcharge - late filing fee or eath					
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The Director is authorized to: (check all that apply)	1053 130 1053 130 Non-English specification	一				
Charge fee(s) indicated below Credit any overpayments		\neg				
Charge any additional fee(s) or any underpayment of fee(s)	1804 920° 1804 920° Requesting publication of SIR prior to Examiner action					
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to the above-identified deposit account.	Examiner action 1251 110 2251 55 Extension for reply within first month	\neg				
FEE CALCULATION	1251 110 2251 35 Extension for reply within second month					
1. BASIC FILING FEE	1253 950 2263 475 Extension for reply within third month	\neg				
Large Entity Small Entity Fee Fee Fee Fee Fee Paid Fee Fee Fee Fee Paid	1254 1,480 2254 740 Extension for reply within fourth month	\neg				
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1001 770 2001 385 Utility filing fee		\neg				
1002 340 2002 170 Design filing fee	1401 330 2401 165 Notice of Appeal	7				
1003 530 2003 265 Plant filing fee	1403 290 2403 145 Request for oral hearing	7				
1004 770 2004 385 Reissue filing fee	1451 1,510 1451 1,510 Petition to institute a public use proceeding	71				
1005 160 2005 80 Provisional filing fee	1452 110 2452 55 Petition to revive - unavoidable	7				
SUBTOTAL (1) (\$)	,,,,	\neg				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		T)				
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Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	2024 40 2024 40 Recording each patent assignment per	71				
1202 18 2202 9 Claims in excess of 20	property (times number of properties)	-41				
1201 86 2201 43 Independent claims in excess of 3	1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	-				
1203 290 2203 145 Multiple dependent claim, if not paid	1810 770 2810 385 For each additional invention to be	71				
1204 86 2204 43 ** Reissue independent claims over original patent	examined (37 CFR 1.129(b)) 1801 770 2901 385 Request for Continued Examination (RCE)	ا[
1205 18 2205 9 ** Reissue claims in excess of 20	1802 900 1802 900 Request for expedited examination	41				
and over original patent	of a design application	4]				
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**or number previously paid, if greater: For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)55 00	<u> </u>				
SUBMITTED BY (Complete (If applicable))						
Name (PrintType) Gend W. Avrant	Registration No. (Attorney/Agent) 17,936 Telephone 541-557-1716					
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